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To:	USPTO – Attn: Herng-der Day	From:	Carole A. Boelitz
Company:		Bldg/Room:	21/1168
CC:		Phone Number:	(425) 722-6035
Phone Number:		Date & Time Sent:	09/27/2005
Fax Number:	571-273-3777	No. of Pages:	27

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Message...

Applicant:	Microsoft Corporation	Attorney Docket No.:	150937.02
First Named Inventor:	Papaefstathiou	Examiner:	Herng-der Day
Serial No.:	09/632,521	Group Art Unit:	2128
Filing Date:	August 4, 2000	Confirmation No.:	1492
Title:	A PERFORMANCE TECHNOLOGY INFRASTRUCTURE FOR MODELING THE PERFORMANCE OF COMPUTER SYSTEMS		

Attached please find the following documents submitted in connection with the above-identified patent application:

- General Filing Transmittal (in duplicate)
- Fee Transmittal (in duplicate)
- Supplemental Amendment (22 pages)

CERTIFICATE OF MAILING OR TRANSMISSION
(Under 37 CFR § 1.8(a))

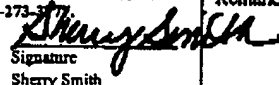

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September 27, 2005
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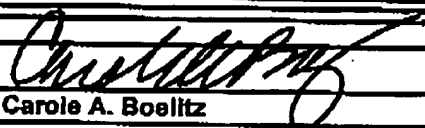

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Sherry Smith

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/632,521
		Filing Date	August 4, 2000
		First Named Inventor	Papaefstathiou
		Group Art Unit	2128
		Examiner Name	Herng-der Day
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	150937.02
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (22 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (1 month; in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5		<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawings <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	
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SIGNATURE OF ATTORNEY OR AGENT			
Signature 		Reg. No. 48,958	
Name of Attorney or Agent		Carole A. Boelitz	
Date	September 27, 2005	Tel.	(425) 722-8035
Assignee Name:		Facsimile No. (425) 708-5046	
		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	
Customer Number:		22971	

SEP 27 2005

Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/632,521				
		Filing Date	August 4, 2000				
		First Named Inventor	Papefsthliou				
		Examiner Name	Herng-der Day				
		Art Unit	2128				
		Attorney Docket No.	150937.02				
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Express Mail Label No.	N/A				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0463 Deposit Account Name: MICROSOFT CORPORATION							
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity
							Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
							180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
27 - 33 or HP = 0			x 50	= 0			
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
4 - 4 or HP = 0			x 200	= 0			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)			Fee Paid (\$)
-100 = 0	/ 50 = 0	(round up to a whole) number x		250			= 0
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fee Paid (\$)
Other:							0
SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	48,958	Telephone	(425) 722-6035
Name (Print/Type)	Carole A. Boeltz			Date	September 27, 2005		

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	08/632,521
		Filing Date	August 4, 2000
		First Named Inventor	Papaefstathiou
		Group Art Unit	2128
		Examiner Name	Herng-der Day
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	150937.02

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Free Transmittal Form (In duplicate) <input type="checkbox"/> For Attached <input checked="" type="checkbox"/> Amendment / Reply (22 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (1 month; in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawings <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <input checked="" type="checkbox"/> Fax Cover Sheet <input checked="" type="checkbox"/> Copy of this Transmittal form

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--	--	--

SIGNATURE OF ATTORNEY OR AGENT			
Signature	<u>Carole A. Boellitz</u>	Reg. No.	48,958
Name of Attorney or Agent		Carole A. Boellitz	
Date	September 27, 2005	Tel.	(425) 722-6035
		Facsimile No.	(425) 708-5046
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	
Customer Number:		22971	

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Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known.	
FEE TRANSMITTAL For FY 2005		Application Number	09/632,521
		Filing Date	August 4, 2000
		First Named Inventor	Papafetathliou
		Examiner Name	Herng-der Day
		Art Unit	2128
		Attorney Docket No.	150937.02
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Express Mail Label No.	N/A
TOTAL AMOUNT OF PAYMENT (\$)		0.00	
METHOD OF PAYMENT (check all that apply)			

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 50-0463 Deposit Account Name: MICROSOFT CORPORATION

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
27	- 33 or HP= 0	x 50	= 0	0	0	0
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
4	- 4 or HP= 0	x 200	= 0			
HP = highest number of independent claims paid for, if greater than 3						

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 = 0	/ 50 = 0	(round up to a whole) number x 250	=	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

SUBMITTED BY		
Signature	Registration No. 48,958	Telephone (425) 722-6035
Name (Print/Type)	Carole A. Boeltz	Date September 27, 2005

First Named Inventor: Papaefstathiou
Application No.: 09/632,521
Filed: 08/04/2000
Customer No.: 22971
Title:

Attorney Docket No.: 150937.02
Group Art Unit: 2128
Examiner: Herng-der Day
Confirmation Number: 1492

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SUPPLEMENTAL AMENDMENT

Sir:

Please change the attorney docket number to 150937.02

In response to the Interview on Sept. 21 and 22, 2005, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this amendment.

Amendments to the Claims are reflected in the listing of claims that begins on page 5 of this amendment.

Remarks begin on page 15 of this amendment.

Type of Response: Amendment
Application Number: 09/635,521
Attorney Docket Number: 150937.02
Filing Date: 08/04/2000